BINDING

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N D B A

[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Cotton write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, taken to report specifically the occupations of persons employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationary freman, etc. But in many cases cian, Compositor, Architect, Locomotive engineer, Civil especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. cause. Always quality all diseases resuming from birth or miscarriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The contributory (secondary or intercurby carbolic acid-probably State cause for which Never report mere



1 PLACE OF DEATH	STATE OF MARYLAND
County Courally	CERTIFICATE OF DEATH Registered No. 78
VIIIage or City Taylornille. (No. 2 FULL NAME Susanal. Con	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While Single (Write the word)	16 DATE OF DEATH Jionth) (Day) (Year) 17 I HERERY CERTIFY, That I attended deceased from
Office of Birth (Month) (Day) (Year)	Jame 12, 1916, to June 16 3, 1915; that last saw her allve on June 160, 1915
7 AGE If LESS than	and that death occurred on the date stated above, at . 8 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work.	Ceulal hunvalage.
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. 5 ds.
9 BIRTHPLACE (State or country) Canall. Ou	(Secondary) (Ouration) (Duration) (Duration)
11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Make Management of the Management	(Signed) T. Cook., M. D. Spen 17, 1915. (Address) Mary
OF FATHER (State or country) Mot Museum. 2 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) hot Alugues	At place in the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at piace of death? Former or usual residence
(Address) Many 16 Filed June 14, 1915 Jacof Farur Local Registrar 16 more blanks are needed, address State Registrar, 6	20 GODERTAKER ADDRESS ADDRESS Wordling

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, it should he used only when needed. essary to know (a) the kind of work and also (b) first line will he sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: For persons "Foreman," (4)

Statement of cause of death--Name, first, the disease causing death--Name, first, the disease causing death affection with respect to thine and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Puerperal septichaeture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasampie: Measles (disease causing Accidental drowning; Struck by railway train-acctwhich surgical operation was undertaken. "Coilapse." "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic Interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg. oma. Sarcoma. etc., of The contributory (secondary or Intercurrent) Always qualify all diseases resulting from "Seniie," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU.V.S.

PHYSICIANS should state

RECORD

* DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

AGE should be stated EXACTLY.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

carefully supplied.

N. B.—Every item of information should be CAUSE OF DEATH in plain terms, s.

Important.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No...

Village or City Sy hesrelle Med (No. Shung field That Hospe St.; B

a hospital or institution, give its NAME instead of street and number.]

²FU	JLL NAME DELLE	
PERS	ONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male male	4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIR		that I last saw h Last alive on June 4 1915 and that death occurred on the date stated above, at 5 4 m.
8 OCCUPATION	40 yrs mos ds 1 day, hrs. OR min. ?	The CAUSE OF DEATH* was as follows:
9 BIRTHPLACE	work Latorer s of Industry, ablishment in ar employer)	(Duration) Synchronis. Contributory Chronis Myrecurlities. Secondary
State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Caples		(Signed) Constitution Wishington M. D. June 5, 191 & (Address) Sy famille 2008
		*State the DISEASE CAUSING DEADY, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS)
		At place of death yrs. 2 mas. 5 ds. State was disease contracted,
(Informant)	trating Sungfield State by	front at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 15 Filed 6	5 1915 W.W.E. TE. REGISTRAR	20 UNDERTAKER DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL ADDRESS
		trap 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Collon mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Когешац," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carein-

nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anacula" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF MOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," (Recommendations on statement of (disease causing death), 29 ds.; etc.), "Dropsy," "Exhaustion," For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED V. S. No. 1.

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1 PLACE OF DEATH

Village	or City	1.	ine (No.	lou	Registration Dist. No. St.; Ward) EVaus Registration Dist. No. [If death or a hospital or is give its NAM of street and
	PERSONAL	AND STATIS	TICAL PARTICU	LARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	M. 400	OLOR OR RACE	5 SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	Indows	16 DATE OF DEATH (Month) (Day)
6 DATE	E OF BIRTH	unke.	uch (Day)	, 1829 (Year)	that I last saw ham alive on Jane 25
7 AGE	K	yrs (S.O.)	. mos, ds,	if LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at the CAUSE OF DEATH * was as follows: Artereo — Scleroses
9 BIR	THPLACE State or country)	Tugery	land		Contributory Multial Lusuficien
D 75 3					15-
S 1	O NAME OF FATHER	Willian	u Evan	بعا :	(Signed) & Deruk (Signed) & Leruk June 26, 1911 - (Address) wood Give
ENTS STATE	FATHER	we lear	u Evan	ler !	(Signed) E Cerrick Jame 26, 191.1 - (Address) wood Gaine State the Disease Causing Death, or, in deaths from VI CAUSES, state (1) MEANS OF INJURY; and (2) whether Accide SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TR.
PARENTS	FATHER 11 BIRTHPLACE OF FATHER State or coul 12 MAIDEN NAI OF MOTHE OF MOTHER (State or cou	ntry) Year	u Evan y laced in Tues known		(Signed) State the DISEASE CAUSING DEATH, or, in deaths from VI CAUSES, state (I) MEANS OF INJURY; and (2) whether Accide Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TR. OR RECENT RESIDENTS) At place in the oil death yrs. mos. ds. State, yrs. mos. Where was disease confracted,
DARENTS	FATHER 11 BIRTHPLACE OF FATHER OF MAIDEN NAI OF MOTHE	ntry) Year	u Evan		(Signed) State the DISEASE CAUSING DEATH, or, in deaths from Vi CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciding Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TR. OR RECENT RESIDENTS) At place in the oil death yrs. mos. ds. State, yrs. mo. Where was disease confracted, if not at place oil death? Former or usual residence
DARENTS	11 BIRTHPLACE OF FATHER State or coul 12 MAIDEN NAI OF MOTHE OF MOTHER (State or coul 13 BIRTHPLACE OF MOTHER (State or coul	ntry) Year	u Evan y laced in Tues known		(Signed) State the Disease Causing Death, or, in deaths from VI Causes, state (1) Means of Injury; and (2) whether Acciding Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRoor Recent Residents) At place in the oil death yrs. mos. ds. State, yrs. mos. find at place oil death?

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

engaged in domestie service for wages, as Servont, Cook, employed, as At school or At home. Care should be write Nonc. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton mobile foctory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary firemon, etc. But in many eases, first line will be sufficient, c. g., Former or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Broneloopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (c. g., sepsis, telonus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal sephchucmia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial Struck by railwoy train—accident; Revolver cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... The contributory (secondary or intercurcorbolic ocid-probably State eause for which Never "Exhaustion," report incre mno,n



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should ION is OCCUPATION PERMANENT classified. P properly INK supplied. pe UNFADING may certificate. 80 0 WITH back terms, should instructions plai 드 DEATH See of OF mportant. Every

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... St.:....Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIEO, WIOOWED. (Month) Write the word CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 5 1 dayhrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration)vrs. which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FAT(HER (State of country) *State the DISEASE CAUSING DEATH, or, indeaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death yrs. mos. ds. State yrs, ____ mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death?... (Informant) usual residence.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

19 PLACE OF BURIAL OR REMOVAL

Ilf death occurred in

(Year)

a hospital or institution. give IIs NAME Instead of street and number.]

(Dav

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pncumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. thenia," "Anacmia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



1 PLAGE OF DEATH	STATE OF MARYLAND
County Carroll H	CERTIFICATE OF DEATH Registered No. 83
Village or City Gist (No	2 St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jernale White Single, Married Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH MCCC (Month) (Day) (Year)
6 DATE OF BIRTH March 30, 1853- (Month) (Day) (Year)	that I last saw has allve on from H, 1915.
7 AGE If LESS than 1 day, hrs. 6 ds. ORmin.?	and that death occurred on the date stated above, at 3-30 A m, The CAUSE OF DEATH* was as follows: Canerium a f Shleen
(a) Trade, profession, or particular kind of work. (b) General nature of Industry,	3
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary)
10 NAME OF FATHER Elias Barnes 11 BIRTHPLACE	(Signed) (Si
Z OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	or Recent Residence (For Hospitals, Institutions, Transients, or Recent Residents) At place that in the of death of yrs. 60 mos. 6 ds.
(Informant) Neva & Wilcox	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Port Leyden ny	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Windfield June 7 , 1915
Filed June 5, 1915 P. Man Glerman REGISTRAR	Harry Ware Sykerville M
if more blanks are needed, address State Begistrar, 6 E	J. Franklin St., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

"Contributory." injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig. oma. Sarcoma. etc., of __ Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) tetanus) may he stated under the head of (Recommendations on statement of (name orlgin; "Can-State cause for



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

See instructions on back of certificate.

of information should be

CAUSE OF Important. S

N. B.

RECORD

PERMANENT

PLAINLY, WITH UNFADING INK-THIS

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

Ilt death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PAR	RTIGULARS MEDICAL CERTIFICATE OF DEATH
9 SEX 4 COLOR OR RACE MARRIE WIDOW OR ONCOUNTY	ED, 1918 EO, (Month) (Day (Year)
6 DATE OF BIRTH	6 4 19/4
TAGE (Month) (a) Trade, profession, or particular kind of work	that I last saw h alive on 191
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Carrallel Company Comp	Gontributory Secondary
OF FATHER Sellen Horizon 11 BIRTHPLACE OF FATHER (State or country) Many land	(Signed) Johns J. Junest Mos. ds. (Signed) Johns J. Junest M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accurage.
13 BIRTHPLACE OF MOTHER (State or country) Kungle	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place to the of deathyrs,mosds Where was disease contracted,
(Informant) Edua Mey (Address) VESLIVIAS	if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed June 41 th, 191.5 Tr. Sh	Plunget Julley James 15th, 1914 20 UNDERTAKER ADDRESS REGISTRAR Thomas Mayres Hostumeter had
V If more blanks are neede	d, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Ohronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Seniie," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for mallgtetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," For VIO-



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PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. classified. properly INK supplied. pe UNFADING may certificate. 50 AINLY, WITH back terms. should UO plain instructions _ DEATH WRITE See of PO mportant. Every

state

STATE OF MARYLAND 1 PLACE OF DEATH 9352 CERTIFICATE OF DEATH County Registration Dist. No Ilt death occurred in Village or City -Ward) a hospital or justitutioe. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEY 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY. That I attended decessed from DATE OF BIRTH (Month (Day (Year) TAGE It LESS than and that death occurred on the wate stated above, at 1 dayhrs. OR ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in 2 (Duration) which employed (or employer) 9 BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death _____ yrs. ___ mos. ___ State _____ mos. ___ 14 THE ABOVE IS TRUE TO Where was disease contracted. If not at place of death? Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: gainfully employed, as At school or At home. Care (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never Farmer (retired 6 yrs.) For persons rcturn "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonacum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaeinjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds,; "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Scnile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," ."Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUL 3 1915
BUREAU, V.S.

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1 PLACE OF DEATH 9355	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 74
Village or City Olders verg (No. , 2 FULL NAME of attie Mag Hal	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale Whele Single, MARRIED, Single Widowed OR DIVORCED OR DIVORCED (Write the word) Tage (Month) (Day) (Year) Tage If LESS than 1 day, hrs. OR min.?	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from July 1915, to 1915 that I last saw has alive on 1915 and that death occurred on the date stated above, at 2/5 m The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Milton & Hall 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER (State or country) Maryland 13 BIRTHPLACE OF MOTHER (State or country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) (Signe
(Informant) Milton & Hall (Address) Colders berg 15 Filed 6 - 6, 1915 W. Petts	Former or usual residence 19 place of surial or removal Stowns Generally June 20 undertaker S. Hillsinger For Clicott bity 16 W. Saratoga St., Byto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective of age. ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations SUICIDAL, or HOMICIDAL, or as probably such, if impossible on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated suicide. to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. State cause for which "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," head—homicide; Poisoned by earbolic acid—probably Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or misearriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of cause. "Anaemia" (merely symptomatic), "Atrophy," chopneumonia (seeondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull "Senile," etc.), "Convulsions," "Dropsy," "Debility" "Exhaustion," ("Con-



MARGIN

V. S. No. 1.

N. B.

RECORD PERMANENT should be stated EXACTLY. DEATH in plain terms, so that it may be properly classified. UNFADING INK-THIS IS AGE carefully supplied. See instructions on back of certificate. WRITE PLAINLY, WITH Every Item of Information should be CAUSE OF DEATH in plain terms, s Important.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

1 PLACE OF DEATH





STATE OF MARYLAND CERTIFICATE OF DEATH

CLI	KIIIICAI	2 01	DEATH	
	Registratio	on Dist.	No. 29	
~ W, _	St.;	Ward)	[If death occi a hospital or los give its NAME of street and no	instead
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	FULL NAME Catherine &	give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	ernale While Single, MARRIED MIDORED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
	ATE OF BIRTH (Month) (Day (Year)	that I last saw her alive on June 18, 1915.
TA	GE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, a 5.38 p.m. The CAUSE OF DEATH* was as follows:
(a) pa (b) bus	CCUPATION) Trade, profession, or ricular kind of work) General nature of industry, siness, or establishment in lich employed (or employer)	hrowe Valvular diceses of heart (mitral (segurgitation)) (Duration) Oyrs 100s ds.
98	10 NAME OF FATHER Volume 10 Recall	Secondary Cente deletation of treasts Secondary (Duration) Trs mos ds. (Signed) Transland R. Deller
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
4	13 BIRTHPLACE OF MOTHER (State or country) Mary land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
	(Intermant) Rewis Remains	Where was disease contracted, if not at place of death? Former or usuai residence.
16 Fil	(Address) Reyman MI ed Jose 18 1915 - Tranvillas : J. Jac Josef REGISTRAN	19 PLACE OF BURIAL OR REMOVAL Mt Union Cemuta Tune 21., 1915. 20 UNDERTAKER C. G. Juss Hou Janey town Md
	If more bianks are needed, address State Regist	rar. 6 E. Franklin St. Balto Requesting V S No. 1

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

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such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from inus," "Old Age," "Shock," "Uraemia," "Wcakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably The contributory (secondary or intercurrent) Meastes (disease causing death), 29 ds.; State cause for



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? manual or BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory..... Secondary (State or country) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death ____ yrs. ___ mos. ___ ds. State yrs, ____ mos. Where was disease contracted. If not at place of death?... Former or usual residence. PLACE OF BURIAL OR REMOVAL 16 20 UNDERTAKER

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

DATE OF BURIAL

ADDRESS

Ilt death occurred to

(Year)

a hospital or lostitution. give its NAME instead ot street and number.]

(Day

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in Industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccity; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care material worked on may form part of the second (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, (b) "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the thenia," "Anacmia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



Village or City Woodbrue (No.	Registered No. [If death occurred in
FULL NAME James Oliver	Harrison St; Ward) a hospital or institution, give its NAME instead of street-and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWEO, WIDOWEO, OR DIVORCEO (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Successful (Modh) (Day) (Year)	Jany 19 , 1915, to fine 11 , 1915, that I last saw him allve on Jan 11 , 1915
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date Rated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Industry,	Abdoninal Carcinoma
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Many land	Contributory Luckurror (Secondary) (Duration) yrs mos ds.
10 NAME OF Ruben H Harrison 11 BIRTHPLACE	(Signed) ED Crack, M. D.
OF FATHER (State or country) Many land 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) (State or country)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs
(Informant) How dlive Most	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR BEMOVAL ADATE OF BURIAL
Flied Dessel 2, 1914 M Cenner REGISTRAR If more planks are needed, address State Registrar, 8 5	Magan Chafel June 13., 1915. 29 UNDERTAKER Mickey & Son Wordbine ma

STATE OF MARYLAND

9356

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfuily employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulessary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborerg" "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclachildbirth or miscarriage, as "Puerperal septichae-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Seniie," etc.), "Dropsy," "Exhaustion," by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ The contributory (secondary or Intercurrent) (Recommendations on statement of (name origin; "Can State cause for Examples: 01



1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Mesvelle Md (No. Spring field State for If death occurred in a hospital or institution, givo IIs NAME Instoad of street and number.] classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH stated MARRIED. WIDDWED OR DIVORCED properly certificate HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 191 5, to Sur Z pino 1880 (Year) alive on Jane pe that I last saw h. of 7 AGE If LESS than it may back of and that death occurred on the date stated above, 1 day, hrs. O The CAUSE OF DEATH # was as follows: OR min.? 8 OCCUPATION
(a) Trade, profession, or c tha ō ilqqus instructions ante Auningula particular kind of work So (b) General nature of Industry terms, business, or establishment in refully which employed (or employer). Mullmour 9 BIRTHPLACE (State or country) 2 See 10 NAME OF FATHER ū 2 0 S Sakuville. Ma 11 BIRTHPLACE PARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 50 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 OR RECENT RESIDENTS) EW 13 BIRTHPLACE At place In the S OF MOTHER (State or country) of death // yrs. 6 mos. 3 ds. Where was disaase contracted. If not at place of death? usual residence Ballumus Mid. Every is should OCCUP 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL . 191 15 20 UNDERTAKER ADDRESS ω REGISTRAR If more blanks are needed, address State Registrar, 16, W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Former (retired & yrs.). For persons who have no occupation whatever, or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook who receive a definite salary), may he entered as Housethe duties of the household only (not paid Housekeepers write None. state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grovery; (a) Fareman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary Areman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Plonter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulis provided for the latter statement; it should be used business or industry, and therefore an additional line For many occupations a single word or term on the ness of various pursuits can be known. The question -Caal mine, ctc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningits"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated Struck by railway train-accident; Revolver "PUERPERAL perilonilis," etc. birth or miscarriage as "Puerpenal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Connephritis, etc. cough; Chronic valeular heart disease; Chronic interstitial head-homicide; Poisoned by corbolic acid-prabobly to determine definitely. Examples: Accidental drowning, "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important "Tumor" for malignant neoplasms); Measles; Whooping The contributory (secondary or intercur-"Dropsy," "Exhaustion," State cause for which Never report mere wound of



V. S. No. 1.

N.B.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state to DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS -Every Item of Information should be CAUSE OF DEATH in plain terms, s. Important.

9358 1 PLACE OF DEATH Village or City

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;Ward)	a hospital or in
	give ite MAMF

urred io stitution. instead of street and number.]

FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RAGE S SINGLE, MARRIED, WIDOWED, ORDIVORCED (IVrite the Word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
9une 2 8 12/5 (Month) (Day (Year)	that I last saw hair alivs on 2 5 1910
7 AGE If LESS than 1 day, \$2. hrs. OR	and that death occurred on the dats stated above, at 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
8 OCCUPATION (a) Trade, protession, or particular kind of work.	Prenatu Bull
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration)yrsmosds
9 BIRTHPLACE (State or country) Maryland	Secondary (Duration) yrs mos ds
of 11 BIRTHPLACE	(Signed)
(State or country) Lar 5 of leg MM	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) for any state of country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the ot death yrs mos ds. Where was disease contracted,
(Informant) William Sherry Stoff ma	If not at place of death?————————————————————————————————————
(Address) Mar L Minuster Mad 15 Filed June 1914 A GREGISTAR	19 PLACE OF BURIAL OR REMOVAL Jer man Semitry 99 th, 1915 20 UNDERTAKER GLOGGE MAN ADDRESS 1 15 th
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE statement. material worked on may form part of the second essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Contributory." The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JULI 1915
BUREAU, V.S.

No.

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PLACE OF DEATH County Carroll	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Wakefield (No.)	Registration Dist. No. St.; Ward) [If death occurred in a hospitat or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
93. SEY. 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDDWED OR DIVERCED UNGLE OR DIVERCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (une) 24 1915	,191,
7 AGE (Month) (Day) (Year) 1 tESS than 1 day, hrs.	and that death occurred on the date stated above, at
yrs. mos. ds, OR Din.?	The CAUSE OF DEATH # was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Still-Born
(b) General nature of Industry business, or establishment in which employed (or employer)	(Ouration)mosds.
9 BIRTHPLACE (State or country)	Secondary (Burblion) yrs mos ds.
10 NAME OF HARRY CUISTIN Horning	(Signed) Thirting Healty, M.O.
U II BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
of Mother Maraud Treenholts	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Md.	At place In the of deathyrsmosds. State,yrsmosds.
(Informant) Hum Austen Horming	If not at place of death?
(Address) Wakefield.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MARKET 191
FHED ON 21, 1915 P. Edmand Der	20 UNDERTAKER MONU, ADDRESS
	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

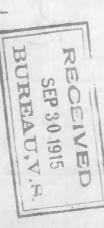
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[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the disease causing death, write None. business, that fact may be indicated thus: Farmer (retired Hausemoid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Hone, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Gracery; (a) Foremon, (b) Autotaken to report specifically the occupations of persons mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Catton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Statianary fireman, etc. But in many cases, applies to each and every person, irrespective of age. know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever various pursuits can be known. The question Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the Didrass catising death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrot's spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia"); Lobar pneumonia, indefinite); Tuberculosis of lungs, mentral

under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee and consequences (e. g., sepsis, lelanus) may be stated birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of mus," "Old Age," "Shock," "Uracmia," "Weakness, to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as prabably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," lapse," "Coma," "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whoaping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, (merely symptomatic), oma," "Convulsions," The contributory (secondary or intercuretc.), "Dropsy," "Debility" ("Con-Never report merc "Atrophy," "Exhaustion," ACCIDENTAL,



V. S. No. 1.

	RECORD	PHYSICIANS should state to of OCCUPATION is very
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Parvellon (No. 1)	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. St; Ward) St; Ward) St; Ward a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Printe Single, MARKIED, Swigly May 14 1905- Month (Day) (Year) 7 AGE 4 COLOR OR RACE 5 SINGLE, MARKIED, Swigly MARKIED, WISOMED, WISOMED	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from May 79 (1915), to June 7 that I last saw h wallive on June 7 and that death occurred on the date stated above, at 7 h, m,
1 day,hrs. 1 day,hrs. 2 f ds. 0Rmin. ? 1 day,hrs. 0Rmin. ? 1 day,hrs. 0Rmin. ? 1 day,hrs. 1 day,hr	Contributory (Secondary) (Signed) (Signed)
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF BY KNOWLEDGE (Informant) (Address) 15 Filed Filed REGISTRAR If more hianks are needed, address State Registra	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mbs. ds. Where was disease contracted, it not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ATTEMPT ADDRESS 20 UNDERTAKER ADDRESS T, 6 E. Franklyn St., Balto., Requesting V. S. No. 1.

Approved by U. S. Census and American Public Health
Association.]

it should be used only when needed. As examples (a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing disease (the primary affection with respect to this and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Pursperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples:



V. S. No. 1.

RECORD	PHYSICIANS should state of OCCUPATION is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City//// No. 2FULL NAME Susan Cligabeth	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) [If death eccurred in a hospital er institutioe, give its MAME instead ef street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH JUNE 26 ,1915 (Month) (Day (Year)
7 AGE (Mohth) (Day (Year)	that I last saw hear alive on June 26, 1915, and that death occurred on the date stated above, at I Pm.
**SOCCUPATION (a) Trade, profession, er particular kind ef words (b) General nature of ladustry, business, er establishment in which empleyed (er employer)	The cause of DEATH * was as follows: Valvulor Distase of Heart and Westvilles Chan (Duration) yrs mos. ds.
OF FATHER 10 NAME OF FATHER AMERICAN 10 NAME OF FATHER AMERICAN 11 BIRTHPLACE OF FATHER (State or country) Cantol loo ked.	(Signed) (Doration) VIS. Mos. ds. (Signed) 28 (Address) Wind Mullion Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ef death yrs, mos. ds. State yrs, mos. ds Where was disease contracted.
(informant) Shiri Janffman (Address) Andrewsoler Ind. Filed Survey 1915 - 6 - W. Shriver REGISTERAR	If not at place of death? Fermer er USUAI residence. 19 PLACE OF BURIALOR REMOVAL DATE OF BURIAL LEMENTER 20 UNDERTAKER ADDRESS' ADDRESS'
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as nime, ecc. fication as Day laborer, Farm laborer, Laborer-Coal been changed or given up on account of the DISEASE "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Forcman,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS PRESIDENT LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarrlage as "Puerperal septichaeetc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



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2 1

village or City Manchester Md (No. Sill Born)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIOOWEO OR DIVORCED (Write the word) 6 DATE OF BIRTH MALL MARRIED, WIOOWEO OR DIVORCED (Write the word) (Month) (Day) (Year)	16 DATE OF OEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191, to 191, to 191, and that death occurred on the date stated above, at 197m.
Sull Bown yrs. mes. ds. or min.? B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry	The CAUSE OF DEATH * was as follows:
business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Frank L. Keoner 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Florence Riley 13 BIRTHPLACE OF MOTHER Florence Riley 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 Convol Convol Convol	(Signed) (Buration) (B
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE (Informant) (Address) (Ad	Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL NOTE OF BURIAL 20 UNDERTAKER ADOREGE W L F B exquirous Manchester

[Approved by U. S. Census and American Public Health Association.]

E yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-The material worked on may form part If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dephtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

genital," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmin," "Weakness," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as birth or miscarriage as "l'ubuperal septichaemia," "Anaemia" (merely symptomatie), "Atrophy, lapse," "Coma," "Convulsions," "Debility" on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless nephritis, etc. The contributory (secondary or intercurcough; Chronic vulcular heart disease; Chronic interstitial ges, perilonarum, etc., Carcinoma, Sarcoma, etc., of..... Example: Measles (disease causing death), 29 is.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," "Exhaustion," "Atrophy," ACCIDENTAL, important. ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU.V.S.

	should in
RECORD	PHYSICIANS of OCCUPAT
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on hark of certificate.
ITE PLAIP	DEATH In place instruction
W	CAUSE OF

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state

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No..... fit death occurred in a hospital or Institution. give its NAME lostead ot street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 6 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, Widowell (Day) (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) It LESS than TAGE and that death occurred on the date stated above, at ... 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Frade, protession, or (b) General nature of Industry, business, or establishment In which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or. In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place lo the OF MOTHER (State or country) ot death yrs. mos. ds. State yrs, ____ mos. Where was disease contracted. It oot at place of death? Former or usual residence 19 PLACE OF BURIAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative meaithfui-For many occupations a single word or term on the ness of various pursuits can be known. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, The question For persons "Foreman," (0)

Statement of cause of death—Name, first, the diberable Caubing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereutosis of lungs, meninges, peritonaeum, etc.. Carcintosis of lungs, meninges, peritonaeum, etc.. Carcin

cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and quality as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the genital," "Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronia zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing __ (name origin; "Candeath), 29

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JULT 1915
BUREAU, V.B.

7. B. No. 1.

RECORD	PHYSICIANS should state of OCCUPATION is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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	PLACE OF DEATH	STATE OF MARYLAND
1 2 4	County Cantl	CERTIFICATE OF DEATH
		Registration Dist. No.
	Village or City Eur Spinsker (No.	St.; Ward) [It death occurred in a hospital or institution, give its NAME lostead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE SINGLE, MARRIED WIDOWEG.	16 DATE OF DEATH June 28 11, 191/5 (Month) (Day) (Year)
1	Emale Thits (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
	DATE OF BIRTH Copil on 10th 1/830	June 28th, 191/5, to June 25th, 1915.
	(MonOr) (Day) (Year)	that I last saw help alive on June 25th, 1915
	7 AGE If LESS than	and that death occurred on the date stated above, st. 2.00 Pm.
	8 J yrs. 2 mos. 18 ds. 0Rmin.?	The CAUSE OF DEATH* was as follows:
	BOCCUPATION (a) Frade, profession, or	believe warring my fostatic
7	particular kind of work (b) General nature of industry,	Writenown.
	business, or establishment in which employed (or employer)	(Doration) yrs mos ds.
	9 BIRTHPLACE (State or country) He & Sa On &	Contributory Thuching Ity
	10 NAME OF OF FATHER STATE OF THE STATE OF T	(Signed) Philip y South, M. D.
	11 BIRTHPLACE	6/30/15, 191 (Address) Men Winden Mr.
	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	•State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds.
	14 THE ABOVE THE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Intermant) and Joylean	Former or osual residence
	(Address) Hass Hindo	19 PYACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Filed June 30, 1915 J. Edward Mest	26 UNIGHT SER MUSER SO 1913
		r, 6 E. Franklin St., Balto., Requesting V. Si No. 1.
	In more blanks are needed, address State Registra	r, o m. Franklin St., Balto., Equesting V. Si No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Houscwife, Houscwork, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or indust;; and therefore an first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Cand8.;



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ated EXACTLY. PHYSICIANS should Exact statement of OCCUPATION is carefully supplied. AGE should be sto that it may be properly classified. Every item of information should be CAUSE OF DEATH in plain terms, s See instructions of important.

1 PLACE OF DEATH

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19-01	W		me	11

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.St.;....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Male White Spingle, Married, Widowed, Married, Widowed, Married (Write the word)	18 DATE OF DEATH (Month) (Day (Year)
	ATE OF BIRTH Jally 214, 1822 (Morth) (Day (Year)	that I last saw h han alive on 1915.
7 AG	8 yrs 0 mos 6 ds. 0R min.?	and that death occurred on the date stated above, at630.1_m, The CAUSE OF DEATH* was as follows:
(a) par (b) bush	CCUPATION Trade, profession, or ticular kind of work General nature of Industry, ness, or establishment in ch employed (or employer)	Cardiae asthura (Duration) yrs. mos. 3 ds.
9 81	RTHPLACE (State or country) Maryland 10 NAME OF	Secondary (Doration) Cyrs mos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) A CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
0.	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Informant) Olla Muller	Former or usual residence.
15 File	no June 9= 1915- 6. W. Sleriver	DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
/	REGISTRAR	Grank Othoropen With

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the niseAsE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has "Foreman," (0)

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclamia," "PUERPERAL peritonitis," etc. ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report



BINDING

FOR

RESERVED

MARGIN

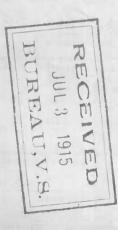
(No. Shung) L PARTICULARS NGLE, IRRIED, DOWED rite the word) If LESS 11 1 day, ds. OR min	that I last saw h and alive on fine 29, 1913 than hrs. n.? the CAUSE OF DEATH * was as follows:
NGLE, ARRIED, DOWED into the word) (Day) If LESS to 1 day,	that I last saw h in alive on the date stated above, at 100 m.? The CAUSE OF DEATH * was as follows:
(Day) (Day, It LESS to 1 day,	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from May 14, 1915, to June 30, 1915 that I last saw ham alive on June 29, 1915 and that death occurred on the date stated above, at 100 m. The CAUSE OF DEATH * was as follows:
(Day) (Yes	that I last saw him alive on June 30, 1915 that and that death occurred on the date stated above, at 120. The CAUSE OF DEATH & was as follows:
1 day,h	hrs. n.? The CAUSE OF DEATH # was as follows:
Toulder	le P. D. D. D. D.
ıd	(Buration) 3 yrs. mes. Contributory Secondary (Buration) yrs. mos.
hrlein	(Signed)
MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place of death
held Stule H	Ley Fermer or usual residence Celeil Co 2011
ille med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLACE OF BURIAL 1919
	held Stale A

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Hausework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm labarer, Labarer only when needed. As examples: (a) Spinner, (b) Catton business, that fact may be indicated thus: Farmer (retired Housemaid, etc. engaged in domestic service for wages, as Servant, Caak, taken to report specifically the occupations of persons of the second statement. mabile factory. mill; (a) Salesman, (b) Grovery; (a) Fareman, (b) Autoof the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiknow (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. many occupations a single word or term on the Campositor, Architect, Locomotive engineer, Civil For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Labor pneumonia, Bronchopneumania ("Pneumonia," menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as prabably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull, head-homicide; Struck by railway train-accident; Revalver wound of surgical operation was undertaken. For violent deaths "PUERPERAL perilanilis," etc. State cause for which birth or misearriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Branrent) affection need not be stated unless important cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whoaping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinonia, Sarcama, etc., of "Anaemia" (merely symptomatic), The contributory (secondary or intercur-Paisoned by carbolic Never report merc "Atrophy," "Colacid-probably



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

W. B. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
0 10 9360	CERTIFICATE OF DEATH
County Carroll	101
	Registration Dist. No.
Village or City anont ridges.	[If death occurred in
Village or City Corresponding,	St.; Ward) a hospital or Institution,
7 00' -	give Its NAME lostead of street and number.
2 FULL NAME Mary allies 1	noore
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH
SSEX 4 COLOR OR RACE SINGLE, MARRIED, MARRIED, MARRIED, MARRIED	, 191
Temale White (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	1-6
Beh 11 ,1849	7 191 5, to 6 - 7 -, 191 5.
(Month) (Day) (Year)	that I last saw h 4 alive on 6 - 7 - 1913
7 AGE If LESS than	and that death occurred on the date stated above, at 10.25 9 m,
1 day,hrs.	The CAUSE OF DEATH* was as follows:
6 6 yrs. 3 mos. 23 ds. ORmin.?	carcinoma of two
8 OCCUPATION	+ Pylons
(a) Frade, profession, or particular kind of work	
(b) Seneral nature of Industry,	
business, or establishment in which employed (or employer)	(Duraflon) yrs. mos. ds.
	Contributory
(State or country) Carroll Cus	(Secondary)
10 NAME OF	(Duration) yrs mes ds.
FATHER O TO BE SEE B	(Signed) , M. D.
0 11 BIRTHPLACE	6 - 4 - 191 5 (Address) Chuin Bridge
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent
M 12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL,
of MOTHER Rachel Mentger	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS
OF MOTHER (State or country) Courroll Co	Af place In the of death yrs, mos, ds. Stafe yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If nof af place of death?
(Informant) Howard more	Former or usual residence
Union Bridge md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) White Programme (Address) White Pr	5 1 1 1
16 /1- 15/10 Arabb	Mr. View Cenutry 6/6 , 191.5.
Filed C	7/0
A COUNTY REGISTRAR	HBankurd & son Westminster
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balte., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (rotired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of varions pursuits can be known. The question Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, For persons "Foreman," (%)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallnre," "Haemorrhage," "Inanition," "Marasvalvular heart disease; Ohronic interstitial nephritis ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mallsoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-

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RECEIVED
JUL6 1915
BUREAU, V.S.

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PLACE OF DEATH	STATE OF MARYLAND
60 11	CERTIFICATE OF DEATH
County Carrace	Registered No.
2 9/ · L	Flif death occurred
Village or City V. Welleral Bax (No.	St.; Ward) a hospital or institution
1 1. 6	give its NAME loste of street and momber.
FULL NAME Ourolesse	Mely
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MA	18 DATE OF DEATH Sure Silk 1918
James That (WIDOWED / Marrie OR DIVORCED (Write the word)	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended deceased fro
B DATE OF BIRTH PL 1 23 8/	, 191 to
(Month) (Day) (Year)	
AGE It LESS that	and that death occurred on the date stated above, at // P
1 day,hi	I Inc CAUSE OF DEALITY Was as follows:
yrs mos ds OR min. 1	- Cordently Homorrhage of
(a) Trade, profession, or	lung au Sufforation
particular kind of work	- Howar way dead when
(b) General nature of industry, business, or establishment in	Irrached Rev (Thratton) yes mos
which employed (or employer)	Contributory
BIRTHPLACE (State or country)	(Secondary)
10 NAME OF	(Deration) yrs mos
FATHER Colin Deleteles	(Signed) Steller M.
V) 11 BIRTHPLACE	June 26, 191 S (Address) Ullion Dun M
Z (State or country) Maryland 12 Maiden Name OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injust; and (2) whether Acciden-
T 12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
a alle a cufferely	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER	At place of death yrs, mos, ds. State yrs, mos,
(Ctate on country)	of death yrs ds. State yrs mos d
(State or country) Maryland	Where was disease contracted,
(State of country) Mary Cause 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at piace of death?
(Informant)	If not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death? Former or usual residence
(Informant) M. D. Myerly (Address) University	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. (a) Spinner, (b) Cotton mill; (a) Salcsman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman," (6)

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ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childhirth or miscarriage, as "Purrperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 cer" is less definite; avoid use of "Tumor" for malig-"Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Dehility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of __ (name origin; "Can-State cause for "Exhaustion," Examples:

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BUREAU,V.S.

should ion is PHYSICIANS shou RECORD PERMANENT classified. THIS properly INK supplied. pe UNFADING may 80 WITH terms, should plain = EATH WRITE of ā

certificate. 9 back UO instructions OF Item mportant. ls! CAUSI 0 ż

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. I'lf death occurred in Village or City -Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 18 DATE OF DEATH MARRIED. 1914 WIDOWED. ORDIVORCED (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from 17 DATE OF BIRTH May 191 to_ (Month (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 4.00 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? алсиот 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Buration) which employed (or employer) 9 BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE 191 2.7 (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs, ____ mos, _ State _____ yrs, __ Where was disease contracted. if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL Address , 191 U 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

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ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puebperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing death), 29 ds.; affection need not he stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

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	1 PLACE OF DEATH	STATE OF MARYLAND
Co	unty Carroll 9368	CERTIFICATE OF DEATH
		Registration Dist, No.
Vitt	lage or City Eastween' (No	St.;—Ward) [If death occurred in a hospital or institution,
	FULL NAME George Willie	an Mightheyale of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 \$ [Male White Single, Male White Springer ORDINARED, Single, MARRIED, Single ORDINARED, Single ORDINARED ORDINARED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D/	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	June 21 ,915	1915 to prese 1915.
	(Month) (Day (Year)	that I last saw have alive on
7 AC	II EEOO JIIAII	and that death occurred on the date stated above, at // A m,
	yrs mos ds OR min.?	The CAUSE OF DEATH* was as follows:
	CCUPATION	P
) Trade, profession, or ricular kind of work Mone	remaining
(1) (b)	General nature of industry,	
whi	siness, or establishment in Asoule	(Ouration) yrs mos ds.
	(State or country) Mary Land	Contributory Secondary
	10 NAME OF Scharles a Willetings	(Signed) (Bratlon) vrs mos ds.
NTS	11 BIRTHPLACE OF FATHER	June 21, 1915 (Address) ON Estimath
R E	(State or country) 12 MAIDEN NAME)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; Rnd (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
d d	OF MOTHER Mary Elicateth Barb	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
Instructions	13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place in the of death yrs. mos. ds. State yrs. mos. ds
14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
((Informant)	Former or
ant.	Santai - Mil	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL
T Doortant.	(Address)	Messer & the a - hugare 1-
-	0 9 1	20 UNDERTAKER ADDRESS
File	ed funs 9, 1915	Charles a Mightingal garden like
		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," cer" is iess definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasics (disease causing death), 29 ds.; "Senilc," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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state should is OCCUPATION EXACTLY. certificat 0 terms, n back plain Instructions OF OF Important. Every Ite

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No. If death occurred in St.:---Ward) (No .. a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE, MARRIED MOarried Inne WIDOWED. (Year) (Month) ORDIVERCED (Write the word) I MERERY CERTIFY. at I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 dayhrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER **6Signed** ARENTS 11 BIRTHPLACE (Address) OF FATHER *State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country of death State yrs ____ mos ___ ds yrs. mos. Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 16

[Approved by U. S. Census and American Public Health 'Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

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1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Serront, Cook, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Catton mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary froman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Former or Planter, Physition is very important, so that the relative healthful-For many occupations a single word or term on the applies to each and every person, irrespective -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym, is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: under the head of "Contributory." (Recommendations state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths head-homicide; Poisoned by carbolic acid-probably Struck by railway troin-accident; Revolver birth or miscarriage as "Puerperal septichaemia," (Puerperal pertanitis," etc. State cause for which etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childmus," "Old Age," "Shoek," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inamition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Brannephritis, etc. "Tumor" for malignant neoplasms); Measles; Wheoping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercur-"Dropsy," State cause for which Never report mere "Exhaustion," nound.



PLACE OF DEATH STATE OF MARYLAND 50 Statement o SICIAN CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. Exa give Its NAME Instead of street and number. ? EXACT RECORD classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE stated MARRIED, Married OR OIVORCED (Month) be properly of certificate. CERTIFY, That I attended deceased from 6 DATE OF BIRTH plnods (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above. may ш 1 day, hrs. back G The CAUSE OF DEATH * was as follows: min. ? so that instructions on 6 OCCUPATION supplied (a) Trade, profession, or INK particular kind of work... (b) General nature of Industry terms, business, or establishment in refully which employed (or employer) Contributory Manue 9 BIRTHPLACE See in (State or country) 10 NAME OF 2 (Signed) pino should EATH important. S , 191 5 (Address) Sy Junil 11 BIRTHPLACE RENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSER, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal. PLAINLY, of information a CAUSE OF D 12 MAIOEN NAME PA OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) should state CA item usual residence 19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL Every 15 20 UNDERTAKER ADORESS m REGISTRAR If more blanks are needed, address State Registrar, 16 W Saratoga St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. who receive a definite salary), may be entered as Housewrite None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm loborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Colton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in For persons who have no occupation whatever If retired from (b) Auto-

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V. S. No. 1.

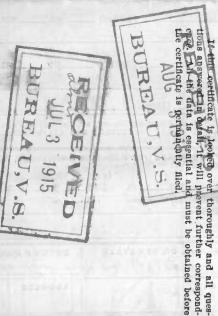
County Carrell G on	STATE OF MARYLAND TERTIFICATE OF DEATH
hear - Stuting	Registration Dist. No.
Village or City Cyp Exhibe (No. Patient has	R.R. Vam _ Step Ward) Legne Crught Sem [It death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME	Bartons
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemsle Wile Single, Married, Medivorecto, Ordivorecto (Write the word)	16 DATE OF DEATH 2 9 , 1915 (Month) (Day (Year)
6 DATE OF BIRTH PROPERLY 2 , 19	17 I HEREBY GERTIFY, That I attended deceased from 15 1915, to 128, 1915, 15 that I last saw h 60 allies as 1924, 28 1915
⁷ AGE It LE	that I last saw h.c. alive on
BOCCUPATION (a) Trade, profession, or	I INCUAUSE OF DEATH* Was as follows:
particular kind of work. (b) General nature of Industry, business, or establishment in	Libetime
9 BIRTHPLACE (State or country) Ridgefulle Hid	Contributory Colitis & arthema. Secondary (Duration) - yrs - mos. ds.
10 NAME OF Pierce Sonton	(Signed) Crafta Splatt, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER THE PLACE OF FATHER (State or country) The place of	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE 2 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Comma All	At place of death yrs mos. 45 ds. State yrs mos ds Where was disease contracted, R & G & G &
(Interment) Walter 3-6-latt	If not at place of death? Former or usual residence. Residence and a service and a se
(Address) 8.02 Cathedral t	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MYMUL DU JUNG 1915 20 UNDERTAKER ADDRESS HARR MIN 11 Churt Hous 425 W Comb
	e Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No.lif death occurred ioWard) a hospital or lostitution, give its NAME instead of street and number.] **FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL GERTIFICATE OF DEATH 3 SEX S SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED WIDOWED, (Month) (Year) (Write the word) I HEREBY CERTIFY, That I DATE OF that I last saw helen alive on (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 5 4. 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory (State or country) Secondary (Duration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE ., 191 ... (Address). (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At niace OF MOTHER (State or country) of death _____ yrs, ____ mos. ___ ds. State yrs. ____ mos. Where was disease contracted. 14 THE ABOVE IS OF MY KNOWLEDGE If not at place of death? Former or usuai residence. REMOVAL DATE OF BURIAL (Address): 15 20 UNDERTAKER ADDRESS REGISTRAR . If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1/

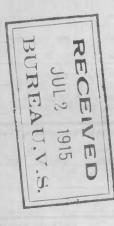


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"Contributory." schsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," naut neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Nevcr report



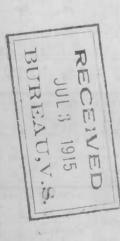
PLACE OF DEATH 9374	STATE OF MARYLAND
County Carrolf	CERTIFICATE OF DEATH Registration Dist, No.
Village or City Reas Oakland Wills 2FULL NAME Edwin My Sh	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, widowed or blowed or blower of or blower of (Write the word) 8 DATE OF BIRTH	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from Manay 31, 1915, to June 1, 1915.
(Month) (Day (Year) 7 AGE If LESS than f day,hrs. 8 OCCUPATION (a) Trade, profession, or particular kind of work Returned Farmer	and that death occurred on the date stated above, at
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs mos /3 ds. Contributory Secondary
10 NAME OF FATHER CONSCIENCE Shipley 11 BIRTHPLACE OF FATHER (State or country) Marry Land 12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Acrusaus Quiders out	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or usual residence
(Address) Syklavelle, Mad. 15 Filed Address State Register Regis	19 PLACE OF BURIAL OR REMOVAL Freedry Church Ceretary June 9, 191.5 20 UNDERTAKER ADDRESS LY, G. E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At sehool or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day taborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. The (a) Spinner, (b) Cotton milt; (u) Satesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohur pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereu-lesis of tungs, meninges, peritonaeum, etc., Carcin-

natvutar heart disease; Chronie interstitiat nephritis. naut neoplasms); Measles; Whooping cough; Chronic oma, Sareoma, etc., of...... (name origiu; "Cansepsis, tetanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probability mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbotic acid-probabty suicide. The nature of the dent; Revotver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioeause. ample: The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustiou,"



MARQIN

PERMANENT EXACTLY. 4 should UNFADING INK-THIS AGE supplied. Carefully WITH pe should PLAINLY, of Information WRITE

PHYSICIANS should state of OCCUPATION is very RECORD classified. properly may be certificate. that 20 50 on back terms, plain See Instructions 2 DEATH Every Item CAUSE OF Important.

1 PLACE OF DEATH 9315 (No.... PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, UNG ORDIVERCED (Write the word) 6 DATE OF BIRTH (Month) (Day 7 AGE It LESS than 1 dayhrs. OR ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

14 THE ABOVE IS TRUE TO

(Address).

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STATE OF MARYLAND CERTIFICATE OF DEATH

		43
	Registration Dist.	No/
ey	St.;Ward)	[if death occurred in a hospital or institution, give its NAME Instead of street and number.]
	******************	••
MEDICA	AL CERTIFICATE OF	DEATH
16 DATE OF DEATH	June.	30 , 1915
170 LUEDE	(Month)	(Day (Year)
1 / /-	/1	12.30 L. 1915
that I last saw hadeni.	V	282 ,1915
and that death occurre	d on the date stated a	bove, at 9 Q m
The CAUSE OF DEATH		
1		_ / _ /
Chr	oraic 1	Ephrilis
		yrs. mos. ds.
	0. //	
Secondary	aralys	
	(Doration)	yrs mos 5 ds.
(Signed) Colla	o R For	is N.D.
	(Address) NES	toriustu n
*State the DISEASE CAUSES, state (1) M TAL, SUICIDAL, or HO	CAUSING DEATH, or, EANS OF INJURY; and MICIDAL.	in deaths from VIOLENT (2) whether Acciden-
18 LENGTH OF RESIDE	NCE (FOR HOSPITALS, I	NETITUTIONS, TRANSIENTS
At place	in the	
of death yrs m Where was disease contracte		yṛs, ds
it not at place of death?		7
Former or usual residence	· (•	0 7 4
19 PLACE OF BURIAL	OR REMOVAL	DATE OF BURIAL
Hamber	^	July 2, 1915
20 UNDERTAKER	-00	ADDRESS

No. υ<u>ν</u>2

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[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (d)

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valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencia-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or mlscarriage as "Puerperal septiehae. "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) sepsis, tetanus) may be stated under the head ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations ou statement of State cause for



RECORD PERMANENT properly pe UNFADING 50 back ATH in piain instructions DEATH 0 FO Item mportant. ш Every 8

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... Ilf death occurred in St :----Ward) a hospilal or loslitution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED! (Month) (Write the word) (Year) CERTIFY, That I attended deceased from DATE OF BIRTH (Day (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) BIRTHPLACE Contributory (State or country Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in dotths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death _____ yrs. ___ mos. ___ ds. State ... Where was diseasa contracted, BEST OF MY KNOWLEDGE If not at place of death?.. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 unla 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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No. 1.

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PHYSICIANS shou of OCCUPATION RECORD properly classified. Exact statement PERMANENT stated EXACTLY. should be UNFADING INK-THIS IS AGE carefully supplied. DEATH in plain terms, so that it misses instructions on back of certificate. WRITE PLAINLY, WITH Every Item of information should be CAUSE OF DEATH in plain terms, s important. B.

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DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Sandyville (No	St.; Ward) [It death occurred in a hospital or institution.
Robert Lacion &	give its NAME Instead of street and number.]
² FULL NAME (CANCILLA COMMILE O	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, OR DIVORCED (Write the word)	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE TAGE TAGE TOTAL CONTROL OF STREET TOT	that I last saw h. en. alive on June (
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Perturbed Ce (State or country)	Contributory Level al Cherry Level
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	At place in the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, it not at place of death? Former or usual residence.
(Address). Dandysulle 16 Filed Jane 8 1916 - 200 Jenster	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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should is OCCUPATION PHYSICIANS RECORD PERMANENT EXACTLY. classified. 4 S properly AGE supplied. pe UNFADING may that 20 ō back terms, should uo plain Instructions Information Ë EATH WRITE of Item 10 Every Item CAUSE OF Important.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Cass Registration Dist. No.. fif death occurred in .Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATE S.SINGLE, MARRIED, Merrie WISOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 1839 (Month (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ... 9 SIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death _____ yrs. ____ mos. ___ ds. State mos. _ Where was disease contracted, THE ABOVE IS TRUE If not at place of death? Former or usual residence (Address) ATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin 47, Balto., Requesting V. S. No. 1.

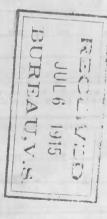


[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-cesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report The contributory (Recommendations on statement of (secondary or intercurrent) State cause for



Coun	ty Carroll (193	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Villag	ge or City Oykesorlle (No. springfiel	a Nospital St.; Ward) [If death occurred in a hospital or institution, give its MAMF instead
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE:	male While WIDOWEO Married OR DIVORCEO (Write the word) TE OF BIRTH March 42 1867	16 DATE OF OEATH Month Day, 1915 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from April 26 ,1915, to June 22 rd ,1915 that I last saw h Malive on June 22 rd ,1915
7 AG	1 1 700 (1	and that death occurred on the date stated above, at 6 P. m The CAUSE OF DEATH ** was as follows: Chromic Parenchymatous Pehhrutis
par (b) bus wh	rticular kind of work) General nature of industry siness, or establishment in ich employed (or employer) IRTHPLACE (State or country) Manyland	Contributory Paralysis.
ENTS	10 NAME OF FATHER Lawrence Thittinch 11 BIRTHPLACE OF FATHER (State or country) Ma -	(Signed) The World Morris , mos de (Signed) The World Morris , M. (12 not 1915 (Address) I Appleance , M. (*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
PAR	13 BIRTHPLACE OF MOTHER (State or country) 13 All Plant or Country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death
	(Informant) arthur M. Thornburg (Address) 1/3/1 Valley street Balls That	if not at place of death? Former or asual residence 19 PLACE OF BURIAL OR REMOVAL DAJE OF BURIAL
15 Fil	1ed June 21915 Wy Du Ritte	20 MADORESS ADORESS PURE PHILLIPPEN
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Henith
Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servont, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Colton Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be "Foreman," "Manager," "Dealer," etc., of the second statement. is provided for the latter statement; it should be used cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationory freman, etc. But in many cases, first line will be sufficient, e. g., Former or Planter, Physiness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever, Never return If retired from without more "Laborer,"

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubsis of lungs, menin-

genital," "Senile," etc.), "Dropsy, Exhausum, "Heart failure," "Haemorrhage," "Inanition," "Marason Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, lelanus) may be stated suicide. The nature of the injury, as fracture of skull, heod-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or misearriage as "PUERPERAL septichaemia," eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valeulur heart disease; Chronic interstitial ges, perilonarum, etc., Carcinoma, Sarcoma, etc., of "Puerperal peritonitis," etc. Example: Measles (disease causing death), 29 de.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shoek," "Uraemia," "Weakness," by railway train-accident; Revolver The contributory (secondary or intereurcarbolic acid-probably State cause for which Never (Recommendations report mere wound

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OCCUPATION

PHYSICIANS

RECORD

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No ... fif death occorred in St:Ward) a hospital or institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 4 COLOR OR RACE MARRIED. 1910 WIDOWED. (Month) (Day) (Year) OROIVORCED Write the word) ! HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, a t dayhrs. OR min. ? BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) ARENT *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) State yrs, ____ mos. ___ yrs. mos. ds. Where was disease contracted. KNOWLEDGE if not at place of death?. usual residence. DATE OF BURIAL 15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

tion is very important, so that the relative healthfulapplies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. minc, etc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer;" (a) the kind of work and also (b) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpersal septichaeetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Acample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ber" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railroay train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report "" "Old Age," "Shock," "Uraemia," "Weakness," The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion," Examples: ds.;

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred inWard) a hospital or institution. give its NAME instead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. Married (Month) (Day) (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH 1846 (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at 1 dayhrs. was as follows: OR min. ? BOCCUPATION (a) Frade, profession, or particular klod of work. (b) General nature of Industry. business, or establishment lo which employed (or employer) -----Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. mos. ds. State yrs, ____ mos. __ Where was disease contracted, If not at place of death? usual residence BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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scpsis, tetanus) may be stated under the head mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association. cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerreran septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Candeath), 29 State cause for "Exhaustion," Never report Examples: For VIO-

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BUREAU, V.S.

V. S. No. 1.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH N. B.

1 PLAC	E OF DEATH		938	2	STAT	E OF MAR	YLAND
County Co	arroll				CERTIF	ICATE OF	DEATH
oountyp	4		/	1.1	Regi	stration Dist	. No. 75
Village or City	Trulsbu	sefils	Fram	Clair.	Ward	.;Ward)	[If death occurred in a hospital or institution, give its NAME Instead of street and number.]
PERSO	NAL AND STATISTIC	AL PARTICULA	RS		MEDICAL CERTIFICATE OF DEATH		
3 SEX Male	4 COLON OR RACE	S SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the WO:	larried	16 DATE O		(Month)	(bay (Year)
6 DATE OF BIRTH	1 1			Sam	A ALLEY C	to to	attended deceased from
	Manch (Month)	(Day	, 1862 (Year)	that I last s	aw haya alive	10	SS / 7th, 1915
7 AGE			It LESS than	and that de	ath occurred on	the date stated	above, at 1130/4m.
	3 yrs 3 m	os	1 day,hrs.	The CAUSE	OF DEATH* W	s as follows:	4.
8 OCCUPATION (a) Trade, protession, particular kind of wo	irk / ansa	1LX	2**************************************	A	il I	monde	Q
(b) General nature or business, or establi which employed (or e	shment in			***************************************	************************	(Duration)	yrs. — mos. — ds.
9 BIRTHPLACE (State or eour	ntry) May 14	lousel		Seconda Seconda	itory	(Danation)	4
10 NAME OF FATHER	Joseph	Warr	1	(Signed)	Typing	(uoration)	yrs mos ds.
11 BIRTHPA OF FATH (State of U 22 12 MAIDEN OF MOT	ACE IER r eountry)	110800		*State	-	ress) Kes	
12 MAIDEN OF MOT	NAME Share he	the San	Rand	The state of the s		The state of the s	In deaths from VIOLENT (2) whether Acciden-
	r eountry) Ma	rylass	1	At place ot death	yrs mos	In the	yrs, a mos. ds
(Informant)	Anne C	War	ed e		of death?		
(Address)	Thirt	sbur	9	19 PLACE O	SEBURIAL OR R	EMOVAL	DATE OF BURIAL
Filed June	18 191 15 322	1 46	stor	20 UNDER	TAKER	00 1	ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health
Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care dutics of the household only (not paid Housekeepers minc, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., For many occupations a single word or term on the tiou is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

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BUREAU.V.S.

V. S. No. 1.

1 PLACE OF DEATH

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N. B.—Every item of information should be CAUSE OF DEATH in plain terms, s

93×3 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilt death accurred in

mid.

2FULL NAME James Thomas	Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from Feb. 21 1915 to full 4 1915
7 AGE (Month) (Day (Year) 1 LESS than 1 day,hrs. OK yrs	and that death occurred on the date stated above, at 6 - 7 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishmeot in which employed (or employer) BIRTHPLACE (State or country)	Contributory Pareces & Alexan
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed)
of Mother 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) Awareness As	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. State ys. mos. ds Where was disease contracted, Salls Company for the place of death? Former or usual residence.
(Address) Ay Kesnell M.S. Filed 6-5, 1915 QUALITY REGISTRAR In more blanks are needed address State Pooles	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS Fax, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, cte. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mitt; (a) Satesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persous

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tubercucsis of tungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: genitai," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "I'uerperal septichae cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes "Seuile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion,"

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RECEIVED
JUL 3 1915
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN

PLACE OF DEATH	STATE OF MARYLAND
6	CERTIFICATE OF DEATH
County Carroll	Registered No. 7/-
m. 1.	1. MUI
Village or City Josephlburg (No.	St; Ward) (If death occurred in a hospital or Institution,
	give its NAME instead of street and number.]
*FULL NAME Sula Ma	y Weller
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SORY 4 COLOR OR BACE 5 SINGLE,	16 DATE OF DEATH June Soil 1915
WIDOWED. Just	(Month) (Day) (Year)
OR GIVORCED (Write the word)	17 I HEREBY GERTIFY That I attended deceased from
6 DATE OF BIRTH	Upol 18, 1915, to pure 30, 1915,
april. 7, 18	that I last saw her alive on June 79 4, 1915
(Month) (Day) (Y	(/
AGE 1 day,	
yrs. 7 mos. 70 ds. OR	min. ?
B OCCUPATION	(Menkeral) Celambers
(a) Trade, profession, or / or l	
(b) Beneral nature of industry,	(Duration) yrs. mos. ds.
business, or establishmeet to which employed (or employer)	
9 BIRTHPLACE (State or country)	(Secondary)
(state of country) I Plany Laced	(Deration) yrs mos ds.
10 NAME OF Harry L. Weller	(Signed) Section & Europe , N. D.
O 11 BIRTHPLACE OF FATHER	sely 1, 191 (Address) Clicollows Ma,
(State or country) Mary Land 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
M 12 MAIDEN NAME () (9 11 74.	TAL, SUICIDAL, OF HOMICIDAL.
a Mille Mags	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place in the of death yrs. mos. ds. State yrs, mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Harry P Heller	if not at place of death?
(loformant)	osual residence
(Address) Nesteuneley Sh	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 1 1 1 0 1 M	Meadow Granch July Vac, 1915
Filed July 1819: Stass G. Bulling	MARY Dr. Dansland Low Hesteniusles
If more blanks are needed, address State E	tegistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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V. S. No. 1.

N. B.-I

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
×	Every Item CAUSE OF Important.

	PLACE OF DEATH	9300	STATE OF MARY	
County	Carroll		CERTIFICATE OF	DEATH
		16	Registration Dist.	No.
Village	or City Taneytown	(No	st.; Ward)	[If death occurred in a hospital or Institutioo, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PART	ICULARS	MEDICAL CERTIFICATE OF	DEATH
3 SEX	A	S. Widower the word)	16 DATE OF DEATH (Month)	5 ,1915 (Day (Year)
110mg	Write Write	the word)	17 I HEREBY CERTIFY, That I a	
5 DATE (OF BIRTH Of 2 (Month) (D	5 , 1851 (Year)	that I last saw h Are alive on Dissil	5 14 , 1913
7 AGE	(Month) (1)	It LESS than	and that death occurred on the date stated a	have at 2 'MAP m
	63 yrs 6 mos 10	1 day,hrs. ORmin.?	The CAUSE OF DEATH* was as follows:	5048, at.,
a) Trade particular	protession, or Retured Las	iggist-	Targethe Duske	
business,	ral nature of industry, or establishment in ployed (or employer)		Quality (Quartien)	yrsds
	PLACE COUNTRY) Frederick	And	Contributory Secondary	The state of
10 1	FATHER Spannel Zach	larias	(Signed) & handes M. B.	Asset M. D
PARENTS	BIRTHPLACE OF FATHER (State or country)		*State the Disease Causing Death, or Causes, state (1) Means of Injury; and Tal, Suicidal, or Homicidal.	
PAR 12 V	OF MOTHER Cathering	Former	16 LENGTH OF RESIDENCE (FOR HOSPITALS, In	
- (STATE OF COUNTRY) Carrison	ing ga	At place In the of death yrs mos ds. State	yrs ds
14 THE A	Western. Jack	KNOWLEDGE	Where was disease contracted, It not at place of death? Former or usual residence	
	Address Buttimore	Ind	19 PLACE OF BURIAL OR REMOVAL	PATE OF BURIAL
Flied	3. 1915 - MB. J	Hagar	209	ADDRESS reytown Md
	If more blanks are needed	, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S. I	No. 1.

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